

☐ Yes

No

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

IS THIS AN AMENDMENT?

Signature of Treasurer

Signature of Candidate (if applicable)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-4) **Summary Sheet**

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TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATIO	N				
1. Full Name of Committee (as on Statement of Organization) Check if this is a ne GREATER INDIANAPOLIS REPUBLICAN FINANCE COMMIT	w name				
2. Acronym or Abbreviated Name (if any) GIRFCO 3. Committee Telephone Number 3.7 635-8881					
4. Mailing Address (address where all campaign finance correspondence is received) 47 SOUTH PENNSYLVANIA STREET, SUITE 300	Check if this	is a new address			
5. City, State, ZIP Code INDIANAPOLIS, IN 46204	6. Party REP	Affiliation (if applicable) JBLICAN			
CANDIDATE INFORMATION (For Candidate's	S Committee	es Only)			
7. Full Name of Candidate (include any nickname)	8. Party	Affiliation or If Independent	Candidate		
9. Office Sought (Include district number, if any, Not required for exploratory committee.)	10. Cou	nty of Residence			
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY		
11. Check one:		Check one:	_		
☐ Pre-Primary ☐ Pre-Election ☑ Annual ☐ Nomination ☐ Other		Pre-Conve	ention		
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement	ent of Organization)	Post-Conv	ention		
12. Reporting Period: 10/10/2015 Through: 12/31/2015		COLUMN A This Period	COLUMN B Year to Date		
13. Cash on hand and investments at the beginning of this reporting period.		\$73,751.10			
14. Cash on hand and investments January 1, current year.			\$14,051.10		
CONTRIBUTIONS AND RECEIPTS					
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		\$13,050.00	\$107,471.38		
15a, Itemized (use Schedule A)		\$0.00	\$0.00		
15b. Uniternized	IDTOTAL	\$13,050.00	\$107,471.38		
100, Add lines 100 dile 100 il soli oscillo	JBTOTAL	\$86,801.10	\$121,522.48		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	Ψ00,001.10	Ψ121,022.40		
EXPENDITURES					
(Note: These amounts include in-kind expenditures and loan repayments.)		\$60,150.00	\$94,871.28		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		\$0.00	\$0.00		
17b. Unitemized 17c. Add lines 17a and 17b in both columns	UBTOTAL	\$60,150.00	\$94,871.28		
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	\$26,651.10	\$26,651.10		
19. Debts OWED BY the committee (use Schedule D)					
20. Debts OWED TO the committee (use Schedule E)					
			AD ARRIOR LIAD AND Y		
CERTIFICATION	10.7012 002		OR OFFICE USE ONLY		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT	IS TRUE, CORF	RECT AND COMPLETE.	FILED		

FILED

Date 1/19/2016

Date

JAN 20 2016 11:17 AM 97 Myla a Eldudge

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

TREASURER



State Form 4606 (R13/11-05) Indiana Election commission (IC 3-9-5-14) (CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during

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committee). A contributor's occupation is required if an individual makes at least \$1,000 in contribut the calendar year. Otherwise, this is optional.	TYPE OF CONTRIBUTION	COLUMNA	COLUMN B	DATE RECEIVED
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1 Jefferson S. Shreve 725 E. Markwood Ave Indianapolis IN 46227	Contribution: Direct	150,00	150.00	10/21/2015
	6			Treasurer
intributor's Occupation (if required); Other - Info Requested	}			
2 Kirk E, Grable 4529 Panthera Leo Dr. Westfield IN 46074	Contribution: Direct	150.00	150.00	10/26/2015
				Treasurer
ontributor's Occupation (if required): Other - Attorney		F00.00		11/02/2015
3 James M. Gutting 9523 Timberline Ct. Indianapolis IN 46256	Contribution: Direct	500.00	500.00	10022013
				Treasurer
ontributor's Occupation (if required): Other - Attorney				101010017
4 James M. Gutting 9523 Timberline Ct. Indianapolis IN 46256	Contribution: Direct	500.00	1,000.00	12/01/2015
				Treasurer
ontributor's Occupation (if required): Other - Attorney 5 James M. Gutting	Contribution: Direct	500.00	1,500.00	12/18/2015
9523 Timberline Ct. Indianapolis IN 46256				
				Treasurer
ontributor's Occupation (if required): Other - Attorney	<u> </u>			
\$UB T	OTAL THIS PAGE OF SCHEDULE A	\$ 1,800.00		
	DULE A ON THE LAST PAGE ONLY EM 15a of the Summary Sheet)	\$ 1,800.00		



State Form 4606 (R13/11-05)
Indiana Election commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK IMK all information on this schedule. For essistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a. of the Summary Sheel. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or office income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular

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part	y committee).	<u></u>			
	CONTRIBUTOR'S FULL NAME AND FULL MA(LING ADDRESS (street, number, city, state ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1	RightCHOICE Managed Care, Inc. PO Box 68086 Cincinnati OH 45206	Contribution: Direct	500.00	500.00	10/13/2015
					Treasurer
2	Doyle Legal Corporation 41 E. Washington St. Ste 400 Indianapolis IN 46204	Contribution: Direct	150.00	150.00	10/21/2015
					Treasurer
3	Kightlinger & Gray Market Square Center, Suite 600 151 N. Delaware St Indianapolis IN 46204	Contribution: Direct	600.00	600.00	10/21/2015
					Treasurer
4	RQAW Corp. 10401 North Meridian Street, Suite 401 Indianapolis IN 46290	Contribution: Direct	3,750.00	3,750.00	10/30/2015
					Treasurer
	SUB TOT	AL THIS PAGE OF SCHEDULE A	\$ 5,000.00		
	TOTAL OF ALL PAGES OF SCHEDU (Enter total on ITEM	LE A ON THE LAST PAGE ONLY 15a of the Summary Sheet)	\$ 5,000.00		



State Form 4606 (R13/11-05) Indiana Election commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

ISTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE.
lease type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this
chedule, see instructions on the reverse side. This schedule is used to document contributions and receipts
stated on ITEM15a of the Summary Sheet. All cumulative contributions from political action committees
VER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular
arty committee). All transfers-in and in-kind contributions regardless of the amount from political action
mmittees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments,
Sunds, rehalos, catume of deposit, proceeds from cales, interest of other income \ QVER \$100 per contributor.

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within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).				
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-10-DATE	DATE RECEIVED RECEIVED BY
The Hall Way PAC One American Square, Ste. 2000 Indianapolis IN 46282	Contribution: Direct	500.00	500.00	10/16/2015 Treasurer
SUB TOTA	AL THIS PAGE OF SCHEDULE A	\$ 500.00		
TOTAL OF ALL PAGES OF SCHEDUL (Enter total on ITEM	E A ON THE LAST PAGE ONLY 15a of the Summary Sheet)	\$ 500.00		



State Form 4696 (R13/11-05) Indiana Election commission (IC 3-9-5-14) (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) QVER \$100 per contributor, within a calendar year,

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	posit, proceeds from sales, interest or bither income) OVER \$100 per communities. The itembert on this schedule (over \$200 if regular back committee). CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1	Clark Quinn Moses Scott & Grahn 320 N Meridian Street, Suite 1100 Indianapolis IN 46204	Contribution: Direct	4,000.00	4,000.00	10/15/2015
					Treasurer
2	Taft Stettinius & Hollister LLP One Indiana Square Suite 3500 Indianapolis IN 46204	Contribution: Direct	1,500.00	1,500.00	10/22/2015
					Treasurer
3	Certo for Judge Committee 966 East Dr. Indianapolis In 46201	Contribution: Direct	250.00	250.00	12/01/2015
					Treasurer
	SUB TOTA	AL THIS PAGE OF SCHEDULE A	\$ 5,750.00		
	TOTAL OF ALL PAGES OF SCHEDU (Enter total on ITEM	LE A ON THE LAST PAGE ONLY 15a of the Summary Sheet)	\$ 5,750.00		



(CFA-4 SCHEDULE B) Itemized Expenditures

State Form 4606 (R13/11-05) Indiana Election commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For essistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures joialed on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees)

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MUST be iterrized on this schedule.					
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code: Operations	Retired -	Direct	60,000.00	60,000.00	10/30/2015
Greater Indianapolis Republican Finance Committee 47 S Pennsylvania Street Suite 300 Indianapolis IN 46204		Purpose: Internal Transfer			
Code: Missing	Other	Direct	50.00	50.00	10/31/2015
2 PNC Bank 155 East Market Street Indianapolis IN 46204		Purpose: Bank Fee			
Code: Missing	Other	Direct	50.00	100.00	11/30/2015
3 PNC Bank 155 East Market Street Indianapolis IN 46204		Purpose: Bank Fee			n.
Code: Missing	Other	Direct	50.00	150.00	12/31/2015
4 PNC Bank 155 East Market Street Indianapolis IN 46204		Purpose: Bank Fee			
SUB TOTAL THIS PAGE OF SCHEDULE B			\$ 60,150.00		
TOTAL OF ALL PAGES OF SCHEDULE 8 ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 60,150.00		